

UNITED STATES DISTRICT COURT
for the
District of Rhode Island

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: See attached.

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: July 21, 2025

/s/ Hanorah Tyer-Witek

Clerk of Court

Civil Action No. 1:25-cv-345-MSM-PAS

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of Health and Human Services
was received by me on *(date)* 07/22/2025

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

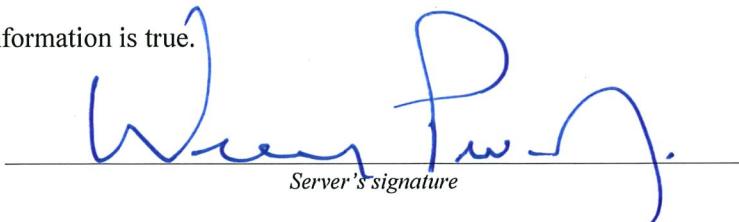
I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: I sent the summons and complaint by certified mail to (1) the Defendant's address as stated
on the summons; and (2) the United States Attorney's Office - District of Rhode Island

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 7/22/2025

*Server's signature*William Piva, Investigator*Printed name and title*

4 Howard Avenue
Cranston, RI 02920

Server's address

Additional information regarding attempted service, etc:

Attachment: Plaintiffs' Contact Information

Dated: July 21, 2025

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Respectfully submitted,

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